

ATHLETIC INSURANCE POLICY

TO: UW-Stevens Point Student-Athletes and Their Parents.

FROM: Frank O'Brien
Director of Athletics.

SUBJECT: Insurance Certification for Athletes.

Please note, all UW-Stevens Point student-athletes must provide evidence of insurance that includes coverage for athletically-related injuries. This is a pre-requisite for practice and competition. No student will be allowed to participate in any way until such evidence of current insurance coverage is on file with the UW-Stevens Point department of athletics. The enclosed Acknowledgement of Insurance Requirements form **and an insurance card, or photocopy of both sides**, must be on file before a student can participate.

Insurance coverage must have a limit of at least \$75,000 and cover athletically-related injuries. If your insurance does not meet these requirements, UW-Stevens Point will recommend insurance companies which have such policies.

UW-Stevens Point will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting from injuries that occur while participating in intercollegiate athletics at UW-Stevens Point.

If you have questions regarding the terms of your coverage, you should contact your insurer immediately. Please be sure to note if there are any exclusions in your policy regarding athletically-related injuries.

The NCAA's Catastrophic Injury Insurance Program covers student-athletes who are catastrophically injured while participating in a covered intercollegiate athletic activity (subject to all policy terms and conditions). The policy has a \$75,000 deductible. This coverage does not qualify as the basic coverage required for participation in athletics at UW-Stevens Point. It is supplemental coverage in the event of a catastrophic injury. More information on this program can be found on the NCAA's web-site at www.ncaa.org.

If you have any questions regarding this requirement, please contact me at 715/346-3888.

=====

ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS

(Parent Version)

I, _____, as parent, guardian or legal representative, attest that _____
(name, please print) (student-athlete name)
has insurance coverage under a current, in force insurance policy for injuries that occur while he/she is participating in intercollegiate athletics. This coverage has limits of at least \$75,000.

(Student Version)

I, _____, attest that I have insurance coverage under a current, in force insurance policy
(student-athlete name) for injuries that occur during my participation in intercollegiate athletics.
This coverage has limits of at least \$75,000.

**YOU MUST INCLUDE A COPY (FRONT AND BACK) OF YOUR
CURRENT INSURANCE CARD**

Name _____
Date of Birth _____ Sport _____
SSN _____ Academic Year _____

The Acknowledgement of Insurance Requirements must be read and understood and this form completed **PRIOR** to the student-athlete participating in practice and/or competition.

Parent/Guardian Name _____
Address _____
Home Phone _____ Work Phone _____

Policy Holder Name _____
Relationship to Student-Athlete _____
Address _____ Home Phone _____
Work Phone _____

Insurance Company Name _____
Insurance Co. Address _____

Group # _____ I.D. # _____
Effective Date Of Policy _____ Expiration Date _____

Primary Physician _____
Office Number _____

Policy Limit _____

Policy Deductible _____

Policy Co-Pay _____

Does the policy cover athletically-related injuries? _____

If there is a material change in coverage or expiration of coverage, I agree to notify UW-Stevens Point of this development and update the insurance information I have on file with UW-Stevens Point.

I understand and agree that UW-Stevens Point will assume no responsibility whatsoever for the payment of, or authorization to pay, medical expenses resulting in injuries that occur while participating in intercollegiate athletics at UW-Stevens Point.

I have read and agree to comply with the provisions of the Acknowledgement of Insurance Requirements.

Parent/Guardian Signature and Date _____ Student-Athlete Signature and Date _____

This form must be completed and returned to:

Nathan Weiler - Director of Athletic Training Services
UW-Stevens Point
Room 040 HEC
Stevens Point, WI 54481
715-346-4772

You should keep a copy of these documents for your records

